Special Needs Medical Treatment

714.1 PURPOSE AND SCOPE

This purpose of this policy is the proper treatment and management of inmates with chronic diseases and special needs. This is accomplished by utilizing nationally recognized, generally accepted clinical guidelines and establishing communication between qualified health care professionals and custody personnel.

714.1.1 DEFINITIONS

Definitions related to this policy include:

Chronic disease - An illness or condition that affects an individual's well-being for an extended interval, usually at least six months, and generally is not curable but can be managed for optimum functioning within any limitations the condition creates in the individual.

Chronic disease program - The inmate has regular clinic visits during which a qualified health care professional monitors the medical condition and adjusts treatment as necessary. The program also includes patient education for symptom management.

714.2 POLICY

It is the policy of this office that all individuals identified as having chronic diseases or special needs are enrolled in a chronic disease program to decrease the frequency and severity of the symptoms, prevent disease progression and complication, and foster improved function.

When a qualified health care professional recognizes that an inmate requires accommodation due to a special need, custody personnel should be notified in writing. Consultation between the qualified health care professional and custody personnel should occur regarding the condition and capabilities of inmates with known special needs prior to a housing, work or program assignment, transfer to another facility or the imposition of disciplinary action.

Qualified health care professionals shall furnish special needs information regarding inmates to custody personnel in order for them to accurately classify and house inmates in the facility. It is the responsibility of the Chief Deputy of Corrections or the authorized designee to ensure that inmates with special needs are receiving the proper care and that their needs are effectively communicated to custody staff for appropriate accommodation.

714.3 CLINICAL PRACTICE GUIDELINES

The contract medical provider or the authorized designee is responsible for establishing and annually reviewing clinical protocols to ensure consistency with the National Clinical Practice Guidelines.

The clinical protocols for the management of chronic disease and special needs include, but are not limited to:

- Asthma

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- Communicable diseases
- Developmentally disabled inmates
- Diabetes
- Dialysis
- Frail or elderly inmates
- High blood cholesterol
- HIV
- Hypertension
- Mental illness
- Mobility impairments
- Pregnancy
- Seizure disorder
- Suicidal ideation
- Terminally ill
- Tuberculosis

714.4 DOCUMENTATION

Documentation in an inmate's medical record should include information regarding the chronic disease protocols deployed, who is responsible for the various protocols, the extent to which the chronic disease protocols are being followed, and should include, but not be limited to:

- The frequency of follow-up for medical evaluation.
- How the treatment plan was adjusted when clinically indicated.
- The type and frequency of diagnostic testing and prescribed therapeutic regimens.
- The prescribed instructions for diet, exercise, adaptation to the custody environment, and medication.
- Clinical justification of any deviation from the established protocol.

A master list of all chronic disease and special needs patients should be maintained by the contract medical provider or the authorized designee.

714.5 CHRONIC CARE PROGRAM

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(a) Newly incarcerated inmates shall receive a medical screening. This screening includes the documentation of any acute or chronic health problems or injuries, special needs, and any medications or treatments the inmate is currently receiving.

1. If the inmate has been incarcerated previously, his/her health records should be reviewed.
2. A special needs communication form should be completed and sent to the classification unit, the Shift Supervisor and the housing officer to ensure the inmate is properly housed.
3. Current medications being taken by the inmate should be verified and continued as deemed appropriate by the Responsible Physician.
4. A health assessment shall be completed within 14 days of incarceration and a physical examination conducted within six months of incarceration.
5. The status of a special needs inmate should be evaluated, at minimum, every 90 days to determine the need for the continued designation.

(b) The Chief Deputy of Corrections or the authorized designee and the contract medical provider or the authorized designee should consult with one another prior to taking action regarding any special needs inmate with regard to housing, program or work assignments, disciplinary measures or transfers to other facilities.

1. When immediate action is required and prior consultation is not reasonably practicable, that consultation should occur as soon as practicable but no later than 72 hours post-action.

(c) Individual treatment plans are used to guide treatment for episodes of illness. The format for treatment planning may vary, but should include, at a minimum:

1. The frequency of follow-up for medical evaluation and adjustment of treatment modality.
2. The type and frequency of diagnostic testing and therapeutic regimens.
3. When appropriate, instructions about diet, exercise, adaptation to the correctional environment, and medication.

(d) Reasonable effort should be made to obtain health information and records from previous health care services, with the consent of the inmate, when the inmate has a medical problem that was being treated prior to incarceration.

(e) Upon transfer to another correctional facility, a summary of the inmate’s current condition, medications, and treatment plan will be forwarded to the receiving facility in a sealed envelope to maintain inmate privacy.

(f) Requests for health information from community health care services must be submitted with the inmate’s written consent. If the inmate does not consent, the community health care service may be advised that the person is an inmate and the health information may not be provided without the inmate’s written consent.

(g) When inmates are sent out of this facility for emergency or specialty treatment, written information regarding the inmate’s current medical status and treatment should

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accompany the inmate. Upon return to the facility, treatment recommendations from outside health care services should be reviewed by the healthcare professional or the authorized designee for any changes in the custodial environment or in-house treatment plan.

(h) Inmates identified as developmentally disabled shall be considered for discharge planning services.

1. The local center for the developmentally disabled will be contacted within 24 hours of incarceration of an inmate suspected to be developmentally disabled.
2. Referrals will be made to the correctional facility's discharge planning specialist. If no such position exists, the need for transition planning should be noted on the treatment plan.

(i) With the inmate's written consent, the health services staff should:

1. Share necessary information with outside health care services.
2. Arrange for follow-up appointments.
3. Arrange for transfer of health summaries and relevant parts of the health record to health care services or others assisting in planning or providing for services upon release.

(j) Contacts with community providers should be documented via an administrative note in the patient's health record.

(k) Patients with serious mental health issues, including those receiving psychotropic medication, will be informed about community options for continuing treatment and provided with follow-up appointments when possible.

(l) Medications should be provided as appropriate.

(m) The healthcare professional is responsible for ensuring that local site-specific procedures facilitate discharge planning.

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